

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/800705

## CLAIMS AS FILED - PART I

|                                  |              | (Column 1)   | (Column 2)               |
|----------------------------------|--------------|--------------|--------------------------|
| TOTAL CLAIMS                     |              |              |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA |                          |
| TOTAL CHARGEABLE CLAIMS          | minus 20 =   | *            |                          |
| INDEPENDENT CLAIMS               | minus 3 =    | *            |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |              |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES | RATE         | FEES |
|-----------|------|--------------|------|
| BASIC FEE |      | OR BASIC FEE |      |
| X\$ 25=   |      | OR X\$50=    |      |
| X100=     |      | OR X200=     |      |
| +180=     |      | OR +360=     |      |
| TOTAL     |      | OR TOTAL     |      |

## CLAIMS AS AMENDED - PART II

| AMENDMENT A                                    |                                           |   | (Column 1) | (Column 2)                                  | (Column 3)               |
|------------------------------------------------|-------------------------------------------|---|------------|---------------------------------------------|--------------------------|
|                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|                                                | 3/23/04                                   |   |            | ** 20                                       | =                        |
| Total                                          | *                                         | 2 | Minus      | ** 20                                       | =                        |
| Independent                                    | *                                         |   | Minus      | *** 3                                       | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |   |            |                                             | <input type="checkbox"/> |

SMALL ENTITY  
OTHER THAN  
OR SMALL ENTITY

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 25=          |                        | OR X\$50=           |                        |
| X100=            |                        | OR X200=            |                        |
| +180=            |                        | OR +360=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    |                                           |  | (Column 1) | (Column 2)                                  | (Column 3)               |
|------------------------------------------------|-------------------------------------------|--|------------|---------------------------------------------|--------------------------|
|                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|                                                |                                           |  |            | **                                          | =                        |
| Total                                          | *                                         |  | Minus      | **                                          | =                        |
| Independent                                    | *                                         |  | Minus      | ***                                         | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |  |            |                                             | <input type="checkbox"/> |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 25=          |                        | OR X\$50=           |                        |
| X100=            |                        | OR X200=            |                        |
| +180=            |                        | OR +360=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    |                                           |  | (Column 1) | (Column 2)                                  | (Column 3)               |
|------------------------------------------------|-------------------------------------------|--|------------|---------------------------------------------|--------------------------|
|                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|                                                |                                           |  |            | **                                          | =                        |
| Total                                          | *                                         |  | Minus      | **                                          | =                        |
| Independent                                    | *                                         |  | Minus      | ***                                         | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |  |            |                                             | <input type="checkbox"/> |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 25=          |                        | OR X\$50=           |                        |
| X100=            |                        | OR X200=            |                        |
| +180=            |                        | OR +360=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.